

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/018240</b>		FILING DATE	
							APPLICANT(S)			
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1		1				51			
2		1		1			52			
3							53			
4		3		1			54			
5		0		1			55			
6		0		1			56			
7		0		1			57			
8		0		1			58			
9		0		1			59			
10		0		1			60			
11		0		1			61			
12		0		1			62			
13				1			63			
14				1			64			
15				1			65			
16				1			66			
17				1			67			
18				1			68			
19				1			69			
20			1				70			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.		1	2				TOTAL IND.			
TOTAL DEP.			10				TOTAL DEP.			
TOTAL CLAIMS			20				TOTAL CLAIMS			